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APR 08 2005

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24272 7590 01/28/2005

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04/11/2005 WABDELR3 00000090 09691879

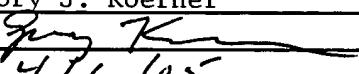
01 FC:1501 1400.00 OP
02 FC:0001 36.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/691,879	10/18/2000	Scott D. Smyers	50N3544.01/1280	5421

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Gregory J. Koerner	(Depositor's name)
	(Signature)
4/11/05	(Date)

TITLE OF INVENTION: METHOD FOR IMPLEMENTING A MULTI-LEVEL SYSTEM MODEL FOR DETERMINISTICALLY HANDLING SELECTED DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$0	\$1400	04/28/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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VO, LILIAN	2127	718-102000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

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 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Gregory J. Koerner

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3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sony Corporation
Sony Electronics Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan
Park Ridge, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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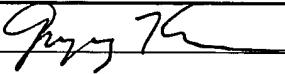
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3367 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date 3/22/05

Typed or printed name Gregory J. Koerner

Registration No. 38,519

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